

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021148

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 171

FILED JUN 10 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF
1 0928					
2 0928					
3					
4 0					
5 0					
6					
7 0					
8 0					
9 7735					
10					
11					
12 1-0					
13 4-0					

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		c. CITY OR TOWN ST. CHARLES	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 57 WOODLAWN	
3. NAME OF DECEASED (Type or print) First Middle Last PAUL ALLEN BERNARD		4. DATE OF DEATH Month Day Year MAY 4, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 4, 1943
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) ST. CHARLES MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FREDERICK THOMAS BERNARD		13b. MOTHER'S MAIDEN NAME MARY WILMOUTH HUFF	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT FREDERICK T. BERNARD, ST. CHARLES, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Distress Syndrome		INTERVAL BETWEEN ONSET AND DEATH 9 hrs 45 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prematurity		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Birth 6-4-63 to 10:10 PM 6-4 and last saw him alive on 6-4-63 . Death occurred at 10:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.D. Williams		22b. ADDRESS 207 N 5th St	
22c. DATE SIGNED 6-4-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 5, 1963	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM	23d. LOCATION (City, town, or county) (State) ST. CHARLES MO
24. FUNERAL DIRECTOR PRINSTER-BAUER F.H. Inc. ST. CHARLES MO		25. DATE RECD. BY LOCAL REG. 6/5/63	26. REGISTRAR'S SIGNATURE Mary E. Jackson, Act. L. Reg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision. *Body not embalmed*
Student _____ Signed *C. L. Primmer*
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

0858
-8580

0

0

0

0

0-1